

FINANCIA	UNITED STATES HOUSE OF REPRESENTATIVES		FORM B For New Members, Candidates, and New Employees	Page 1 of
Name:	Janes Hagedorn	_ Daytime Telephone:	ne: 225 - 2472	2019 JUN 10 AM 11: 54
FLER	New Member of or Candidate for State: M U.S. House of Representatives District: Candidates – Date of Election:	Microeleta D	Check if Amendment	(Office Use Only)
STATUS	New Officer or Employee State Employing Office: Sha	Staff Filer Type (If Applicable): Shared Principal Assistant	Period Covered: January 1	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMIN	PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE	OF THESE QUESTIONS	SNS	
A. Did you, yo a. Own any end of th b. Receive asset du	A. Did you, your spouse, or your dependent child:  a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or  b. Receive more than \$200 in uneamed income from any reportable asset during the reporting period?	Yes No E. (	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ng the reporting Yes No X
C. Did you or you honoraria, or pen reporting period?	r spouse have "earned" income (e.g., salaries, sion/IRA distributions) of \$200 or more during the	Yes No No F. I	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	arrangement with an Yes No No
D. Did you, yo liability (more	D. Did you, your spouse, or your dependent child have any reportable y liability (more than \$10,000) at any point during the reporting period?	No J. C	J. Did you receive compensation of more than \$5,000 from single source in the current year and two prior years?	n \$5,000 from a Yes No No
!	ATTACH THE CORRESPONDING SCHEDULE IF YOU AITHIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE R	ATTACH THE CORRESPONDING SCHEDULE IF YOU AI		NSWER "YES" EQUIRED TO COMPLETE
EXCLUSIO	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOT</u>	ST INFORMATION -		H OF THESE QUESTIONS
TRUSTS - De from this repo	TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need from this report details of such a trust that benefits you, your spouse, or dependent child?	ttee on Ethics and certain other ndent child?	not be disclosed.	Have you excluded Yes 🔲 No 🛛
EXEMPTION exemption?	<b>EXEMPTION</b> - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ed" income, or liabilities of a sponmittee on Ethics.		because they meet all three tests for Yes X No

# SCHEDULE A -- ASSETS & "UNEARNED INCOME"

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	<del>                                     </del>	<del></del>	<del>                                      </del>		As
		Exact Juigaces Corp.	D/Southend DRA		BLOCK A Assets and/or Income Sources
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	<del>                                      </del>	<del>                                     </del>	9		2
	<del>                                     </del>		<u> </u>	None >	
				\$1-\$1,000	
				\$1,001-\$15,000	
				\$15,001-\$50,000	
	<del>                                     </del>		<b>                                     </b>	<del> </del>	<
<del>  </del>			<del>                                     </del>	\$50,001-\$100,000 m	<u> 울</u>
				\$100,001-\$250,000 TI \$250,001-\$500,000 P	BLOCK B
	+	+ + + + + + + + + + + + + + + + + + + +	<del>  </del>	\$250,001-\$500,000 © \$500,001-\$1,000,000 ±	BLOCK B Value of Asset
	+ + + + + + + + + + + + + + + + + + + +		· <del>  </del>	\$1,000,001-\$5,000,000 -	s et
				\$5,000,001-\$25,000,000 <u></u>	·
<del></del>				\$25,000,001-\$50,000,000	
				Over \$50,000,000	
<del></del>				Spouse/DC Asset over \$1,000,000*	
			<del>                                      </del>	NONE	· · · · · · · · · · · · · · · · · · ·
				DIVIDENDS	
				RENT	
				INTEREST	y T
			<del>      -   -                            </del>	CAPITAL GAINS	<b>9</b> E
			<del></del>	EXCEPTED/BLIND TRUST	BLOCK C
			<del>/                                     </del>	TAX-DEFERRED	BLOCK C
				Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	
				None —	
			<del></del>	\$1-\$200 = \$201-\$1,000 =	
			++	\$1,001-\$2,500 <	
		+			
				\$5,001-\$15,000 ≤ <b>5</b>	
	<del>                                      </del>			\$2,501-\$5,000 < Current Y = 15,001-\$15,000	
				\$50,001-\$100,000	
				\$100,001-\$1,000,000 😾	
				\$1,000,001-\$5,000,000 ×	
				Over \$5,000,000 ≚	BLOCK D  Amount of Income
				Spouse/DC Income over \$1,000,000° ≚	BLOCK D
			_	None	
			<b>     </b>	\$1-\$200 =	60 1
			<del>                                      </del>	\$201.\$1,000 == \$1,001.\$2,500 <	ō
			_	\$1,001-\$2,500 < <b>7</b> \$2,501-\$5,000 < <b>7</b>	
	<del></del>		<u> </u>	\$5,001-\$15,000 ≤ 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	<u> </u>
	<del>                                     </del>			\$50,001-\$100,000 \(\geq\)	
	<del>                                      </del>			\$100,001-\$1,000,000	
	<del>                                      </del>			\$1,000,001-\$5,000,000 ×	
		<del></del>		Over \$5,000,000 ≚	
	<del>- </del>	<del></del>		Spouse/DC Income over \$1,000,000*	
				Annual Control of the	

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.	SCHEDULE C - EARNED INCOME
loyment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer armed income exceeding \$1,000. See examples below.	Name: Page of

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

income Limit's au outside earned inco	INCOME LIMIT'S and PROHIBITED INCOME: Be advised that the outside earned income limit and prohibitions on types of income may apply to you after you are on House payroll. The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.	and prohibitions on types of incomwas \$28,050. The 2019 limit is \$: for Members and senior staff.	e may apply to you after you are on 8,440. In addition, certain types of i	n House payroll. The 2018 limit on income (notably honoraria, director's
		-	Am	Amount
v.	Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
	ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$6	\$500
Examples:	State of Maryland	Salary	\$20,000	\$76,000
Examples.	CMI War Roundtable (Oct. 2)	Spouse Speech	SO SO	\$1,000 N/A
	Ontario County Board of Education	Spouse Salary	3	
			50 50 50 50 50 50 50 50 50 50 50 50 50 5	

#### SCHEDULE D - LIABILITIES

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child.

3,500	21.4.7	Example	SP.			exceeded \$10,000.
ingressions fed. Credit hairs	not.	First Bank of Wilmington, DE	Creditor			ICO. "Column K is for liabilities held solely by your spouse or dependent child.
61/19	رائي بالمهارا	5/16	Date Liability Incurred MO/YR			olety by your spou
1840	1-1 41 PN 13	Mortgage on Rental Property, Dover, DE	Type of Liability			ise or dependent child.
	X		\$10,001- \$15,000	>		
X			\$15,001- \$50,000	ш		
			\$50,001- \$100,000	0		
		×	\$100,001- \$250,000	0		
			\$250,001- \$500,000	m	Amount of Liability	
			\$500,001- \$1,000,000	71	tof∐	
			\$1,000,001- \$5,000,000	စ	ability	
			\$5,000,001- \$25,000,000	I		ļ
			\$25,000,001- \$50,000,000			
		•	i	_	1	
			Over \$50,000,000	<u>.</u>		

#### SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Position Name of Organization
The state of the s	
Laborate Lab	

### SCHEDULE F - AGREEMENTS

Name:	
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	Date	Identify the da continuation cemployer.
Total Control	Parties to Agreement	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a l continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employer.
The second secon	Terms of Agreement	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

# SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

government and any midminatura commonment as a result of a printing on commonment consumer by two. See the expension	a presingly a constraint and grammer of some are
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services

FILER NOTES (Optional)

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Use additional sheets if more space is required.